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1 Sheet

CONFIRMATION NO. 5061

| | | | | |
|---|---|------------------------|--------------------------|---|
| SERIAL NUMBER 09/784,419 | FILING DATE 02/15/2001 RULE | CLASS 327 | GROUP ART UNIT G 2816 | ATTORNEY DOCKET NO. 19717001210 |
| APPLICANTS Jun Cao, Irvine, CA; | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/183,169 02/17/2000 <i>D-1</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>M-1</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/28/2001 | | | | |
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 11 | TOTAL CLAIMS 20 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | INDEPENDENT CLAIMS 4 |
| Verified and Acknowledged | <i>A.J.C.</i> Examiner's Signature | <i>JL</i> Initials | | |
| ADDRESS 20350 | | | | |
| TITLE Linear full-rate phase detector and clock and data recovery circuit | | | | |
| FILING FEE RECEIVED 920 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |



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CONFIRMATION NO. 5061

Sub Data Sheet

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|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/784,419 | FILING DATE 02/15/2001 RULE | CLASS 359 | GROUP ART UNIT 2633 | ATTORNEY DOCKET NO. 50987/RJP/B600 |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

APPLICANTS

Jun Cao, Irvine, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/183,169 02/17/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/28/2001

| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|---|----------|---------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | CA | 11 | 20 | 4 |

ADDRESS

23363
CHRISTIE, PARKER & HALE, LLP
PO BOX 7068
PASADENA , CA
91109-7068

TITLE

LINEAR FULL-RATE PHASE DETECTOR AND CLOCK AND DATA RECOVERY CIRCUIT

| | | |
|------------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
| RECEIVED 1220 | | |